



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

May 24, 2007

Clint Calderwood, Administrator  
Teton Valley Residential Care Homes, Inc  
PO Box 319  
Victor, ID 83455

License #: RC-361

Dear Mr. Calderwood:

On April 24, 2007, a life safety code survey was conducted at Teton Valley Residential Care Homes, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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May 2, 2007

Clint Calderwood, Administrator  
Teton Valley Residential Care Homes, Inc  
PO Box 319  
Victor, ID 83455

Dear Mr. Calderwood:

On April 24, 2007, a life safety code survey was conducted at Teton Valley Residential Care Homes, Inc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 24, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/24/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>TETON VALLEY RESIDENTIAL CARE HOMES,</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>73 W 900 SOUTH VICTOR, ID 83455</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on April 24, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



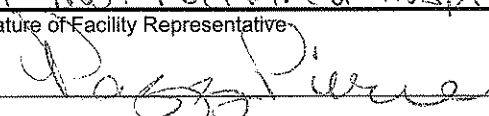
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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Teton Valley Residential Care Homes</b>	Physical Address <b>73 W 900 South</b>	Phone Number <b>(208) 787-2861</b>
Administrator <b>Clint Calderwood</b>	City <b>Victor Id</b>	ZIP Code <b>83455</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type	Survey Date <b>4-24-7</b>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	405.01	Resident Room #4 in building #2 has an extension cord powering the Television.		
2	405.05	The ceiling of the food storage room in building #2 has three openings in it. One opening is one foot by one foot in size, the second opening is approximately three foot by one foot in size, the third opening is approximately five inches in diameter. These openings will draft fire and smoke, and don't comply with vertical separation.		
3	410.02	The facility did not conduct one drill per shift per quarter as required. During the first quarter three day shift drills were held, but no night shift drills were held in the first quarter.		
4	415.04	The last Annual fire alarm inspection was over a year ago.		
5	415.02	The last fuel fired inspection was over a year ago.		
Response Required Date <b>5-24-7</b>		Signature of Facility Representative 	Date Signed <b>5/24/07</b>	